

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026701

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1876

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves, Mo.		Length of stay in 1b YRS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 974 Providence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 974 Providence		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emma Middle May Last McCune		4. DATE OF DEATH Month June Day 10 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1879
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Belleville, Kansas.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Black		13b. MOTHER'S MAIDEN NAME Steele	
14. NAME OF HUSBAND OR WIFE Amza McCune		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Nil.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT MRS. VERNA ALSOP 974 PROVIDENCE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Coma - Chr nephrosis DUE TO (b) Generalized Arterio Sclerosis with 10 yrs + DUE TO (c) Hypertension + Cordis Vaso Renal disease 10 yrs + PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1953 to June 10 1963 and last saw her alive on June 9 1963 Death occurred at 10:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) C. A. Lendeman M.A. 22b. ADDRESS 4126 th Shreve Ave 22c. DATE SIGNED 6-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-11-63	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) Tmo. Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.		25. DATE REC'D BY LOCAL REG. 6-11-63 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

11 Lewis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.